

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 13, 2004.

I. DISPUTE

Whether there should be reimbursement for CPT Codes 95851 and 95831 for dates of service 09/29/03 through 11/04/03 denied as “F – The services listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed”. For date of service 11/03/03 and EOB was not submitted for CPT Code 95851 and will be review per the Medicare Fee Schedule.

II. RATIONALE

Requestors’ position statement dated ____ states in part... “This is a request for Medical Dispute Resolution in the above referenced case during the noted dates of service time span. All of the services are as listed on the Table of Disputed Services and have been presented twice to the carrier for reimbursement consideration.

There is not an issue of compensability in this case. This is a Fee Dispute. The denials from the from the carrier have been for fee and global determinations. Our position was clearly outlined in the letter to the carrier dated 12/18/03. The services are commission specific and with a separate report, permitted, separate billing from an office visit.

Respondents’ position statement dated February 10, 2004 states in part... “The provider is billing separately every two weeks and a separate charge for the office visits. These should be inclusive to the office visits for the same date of service. Date of service 10/01/03 for the muscle testing was inadvertently paid in error...”

- CPT Code 95851 for dates of service 09/29/03 and 10/15/03 – Per Commission Rule 134.202(b) and the Centers for Medicare & Medicaid Services National Coding Initiative Edits and Ingenix EncoderPro.com this code is considered global to office visits. Therefore, reimbursement is not recommended.
- CPT Code 95831 for dates of service 10/16/03 and 11/04/03 – Per Commission Rule 134.202(b) and the Centers for Medicare & Medicaid Services National Coding Initiative Edits and Ingenix EncoderPro.com this code is considered global to office visits. Therefore, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT codes 95851 and 95831.

The above Findings and Decision is hereby issued this 30th day of July 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf